


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90119 027 ****61.25

DOCUMENT # N00000004174					
1. Entity Name OSPREY ISLE I AT CARLTON LAKES, INC.					
Principal Place of Business ADVANCED PROPERTY MANAGEMENT SVC, INC 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134			Mailing Address ADVANCED PROPERTY MANAGEMENT SVC, INC 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1067752	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>Susan L. Thompson</i> ADVANCED PROPERTY MANAGEMENT SERVICE, INC. 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Susan L. Thompson</i>		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE		DATE	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOTH, CHRIS		NAME		
STREET ADDRESS	5425 WORTHINGTON LN 201		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKHOLD, JONAS		NAME	Rockhold, Jonas	
STREET ADDRESS	5410 WORTHINGTON LN 103		STREET ADDRESS	5410 Worthington Lane #103	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	Naples, FL 34110	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINGDON, FRANK		NAME	Kingdon, Frank	
STREET ADDRESS	5425 WORTHINGTON LN 204		STREET ADDRESS	5425 Worthington Lane #204	
CITY-ST-ZIP	NAPLES, FL 34110		CITY-ST-ZIP	naples, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE	DS/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Rollins, Leslie	
STREET ADDRESS			STREET ADDRESS	5420 Worthington Lane #104	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Spero, David	
STREET ADDRESS			STREET ADDRESS	5410 Worthington Lane #203	
CITY-ST-ZIP			CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>J. Amick</i>		Date		4-28-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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